	F	ood Establis	shme	ent l	nsn	ection	Ren	ort		Done 4 of	7
Establishment Na		Address:	3111110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ΠSP		City:	OIL	State:	Page 1 of Zip Code:	_
WINMO	211	1 Lobo Ca	M/	R	1		(	Le	um	To be a	20
Permit #:							972	012	Wir.	Est. Type:	
000115	oct 2019									7	
A MEX			Purpos	e of Ins	spectio	on:			R	isk Category:	
	Governed by State Regulation 7 ED Environmental Health Burea			e-Open		Annual		Complaint	Closing		
121	Tijeras Ave. NE, Albuquerque I	NM 87102	ш.	ening her	-	Re-inspe	ection	Investigation	_	me in:	2:46
TAI SI	FOODBORNE	ILLNESS RISK F			ND P			INTERVE		me Out: 17	.36
Circle desig	nated compliance status (IN, OUT, I								propriate box for Co	OS and/or R	
IN=in compliance	OUT=not in compliance N Compliance Status	I/O=not observed	N/A≕not a	pplicables R	е		COS=com		uring inspection	R=repeat v	
EL DE BULGE	Supervision		100.	3 K			P		nce Status m Contamination		COS R
1 IN OUT	Person in charge present, demo	nstrates knowledge, a	nd		16 IN	NOUT			of returned, previ	ously served,	
2 IN OUT N/A	Certified Food Protection Manage	jer	7/2			OUT N/A	Food	nditioned, & u d-contact surfa	nsare rood aces; cleaned & sa	anitized	
	Employee Health Management, food employee an		Mary and		18 IN	OUT N/A N	I/O Food	d separated &	protected		
3 IN OUT	knowledge, responsibilities and		е,				-	e/Temperatur	e Control for Saf	ety	
4 IN OUT	Proper use of restriction & exclu					N OUT N/A	110		ne & temperatures		
5 IN OUT	Procedures for responding to vo Employees	miting and diarrheal e	vents			NOUT N/A	200	per reheating p	procedures for hot e & temperature	holding	1
6 IN OUT N/A	Food Handler Cards	0.00	17.04	-/-	22 1	N OUT N/A	N/O Prop		temperatures		1
7 (NOUT N/O	Good Hygienic Pract					NOUT N/A I	N/O Prop	er cold holdin	g temperatures		
8 IN OUT N/O	Proper eating, tasting, drinking, No discharge from eyes, nose, a			in the second		NOUT N/A	11.00		ng & disposition ealth Control; proc	eduras & record	
	Preventing Contamination				20			Consum	er Advisory		
9 IN OUT N/O	Hands clean & properly washed			1	26 IN	OUT N/A	Cons		y provided for raw	/undercooked	
10 NOUT N/A N/O	No bare hand contact with RTE alternative procedure properly for					Celebra.	н	ighly Suscep	tible Populations		
1/ IN OUT	Adequate handwashing sinks; so			+	27 IN	OUT N/A	Past	eurized foods	used; prohibited for	oods not offere	1
S OUT	Approved Source		3 7						and Toxic Subs		Tellings.
12 IN OUT N/A N/O	Food obtained from approved so Food received at proper tempera					OUT N/A			proved & properly		
14 IN OUT	Food in good condition, safe, &			+-	29 11	TOOT N/A	Confo	mance with	roperly identified, s Approved Proced	stored, & used	
15 IN OUT N/A N/O	Required records available: shell destruction	lstock tags, parasite	. 5		30 IN	OUT N/A		pliance with v	ariance / specializ		
Risk factors a	re important practices or procedu	res identified as the m	ost								
prevalent contr interventions a	ibuting factors of foodborne illnes re control measures to prevent for	s or injury. Public heal	th		No. of	Risk Facto	ors / Interve	ention Violatio	ns		<u> </u>
							sk Factors	/ Intervention	Violations		<i>j</i>
	Good Retail Practices are p		OD RE				hamicale a	nd physical obje	note into foods		
Mark "X" in box if num	bered item is not in compliance	Mark "X" in appropr						cted on-site du		R=repeat vi	olation
	0-6-54		cos	R				B			COS R
31 Pasteu	Safe Food and Wat rized eggs used where required	er	-/		44	In-us	e utensils:	properly store	e of Utensils		149 94
32 Water	& ice from approved source		V.1.		45				properly stored, drie	ed, & handled	
33 Variano	ce obtained for specialized proces				46			PERSONAL PROPERTY.	les: properly stored	d & used	
34 Proper	Food Temperature Co cooling methods used; adequate					Glove	es used pro Ute	The same of the sa	nent and Vending	9	
temper	ature control				48	Food			aces cleanable,		
	ood properly cooked for hot holdin ed thawing methods used	g			49			ed, constructe			
1, Apploa	ometers provided & accurate				50			ct surfaces cle	ed, maintained, & u ean	sed; test strips	
38 Food n	Food identification		Sec. 1			The V		Physical	Facilities		ELOSSO DE
Food p	roperly labeled; original container  Prevention of Food Contain	mination	- Personal		51 52				lequate pressure		
	rodents, & animals not present		X	K	53			e water prope	ckflow devices rly disposed	0.025	
A STATE OF THE PARTY NAMED IN COLUMN	ination prevented during food prep	aration, storage & displ	lay		54	Toilet	t facilities:	properly const	tructed, supplied, a		
10	al cleanliness cloths: properly used & stored				55 56		Control of the second		sposed; facilities n aintained, & clean		
	g fruits & vegetables				57				g; designated area		
Reinspection:	Yes No Date:				No. of			s Violations		1	
Corrective Action	H/ H H	11/21.									
Response:	Yes No Date:	4/8//9			No. of	Repeat Go	ood Retail I	Practices Viola	ations		
	Mana										
Status: (check one) Approved Unsatisfactory Immediate Voluntary											
(chack did)	- Chambraday	Closure C	Closure		Inspe	ctor: (Signa	ature)	16m		Date: 4	4/19
Retail Food Establis	shment Inspection Report 053017 Final	Rev 3.0	ZG	<del>5</del> 001	113				<b>Exhibit</b>	t L 🣙	,

		Fo	ood Estab	lishment Ins	pection Re	port Pa	ge <u> </u>	2
	As Governed by State I NMED Environment He 121 Tijeras Ave NE, Alb	alth Bureau		Establishment Na	14s n	Permit #:		
		-1/3						
	Item/Location	Temp	item	/Location	Temp	Item/Location		Temp
Walk	in looler # 3	40°F						
Walk	in Cooler#2	36°F						
Walh	in Fleezertti	8°F						
						$c_{\mathbf{k}_{i}}$		
		OBS	ERVATIONS	S AND CORREC	TIVE ACTION	IS	ST TOX	
Item	Violations cited	in this report mu	st be corrected v	within the time frame	s below, or as stat	ted in section 8-405.11 of th	e Food Co	ode.
Number								
21	25011	/ 0	10	/		A		
21	3-501.19					emperature.		
	n ten	a was	115	°F NO V	verificat.	ion as to ho	a lor	)-
		the.	ere /	oft on	the co	ounter. Corn	Por tail	7
	7	7-	D	27 00	1000	of our of the	200	
	0-1	STR.	Reass	were	flerow:	s away.		
-								
24.	2 -01 17	1,1	-11	- 1 100	41 2	11 0 1.	-	
						the no fai		- a - II
	017	Dackage	. Cork	cuted as	site, fr	chage the	own	
	a	was 6	on h	Fichen S.	noexols or	9		
	Da	1.	Files -	7 chen s.	111000	+ 11.	1	
	Pu	ST and N	n FRE	ca past	7000		05	-
		Macc	in 30 th	Cotre	der as	site, for a	at .	â,
		Dast	e fla	court au	000			
		F-31.	1		1			te.
						1 1		19 10 10 10 10 10 10 10 10 10 10 10 10 10
39	6-50/111	265	exved o	Maure	In Fr	on behind st	aue .	
				office.		dropposs		
						0 /		
	0	Servel	In dry	Storage	area o	f Kitchen		
	M	cirlerane	ek w	othing	oto lan	own, Lable		
							0	
			0/	and the second s		uccess to fo	0 900	-
	C=1^	celin	, tor	mile,	CAR.			
		/						
	117.	0/1/1	1 1/1/		41-	-1 - 1	11	
	1000	attache	1 15 Th	L Contiac	That po	est contr	6/1	-
	or the state of th							= 7
erson in C	Charge: (Printed)	10004	y chiefe in	Person In Charge	e: (Signature)	VIDAGE		
nspector: (	(Delete 4)					1 COM		11
iopector. (	Printed) Ram	on Oroc	M	Inspector: (Signa	ature)		Date:	4/4/19

						F	ood Fe	stablish	ıme	nt	Inc	ne	ctio	n R	enort						7	
Es	tat	olist	ment N	ame:			Address:	Jubiisi		,116	1113	PC	CLIO	City:	eport		State:		age 1	_		2
١,		, )	m c	- 1	No book	-		11		۸ .		ź	9 0		merca di		UM			707	7.7	
-	40	<u>い</u> it#:			Permit Expiration	n Date:	Phone:	4060	<u>C</u> .	200	io to		100	10	of ant	5	No.	-				
											Emai							E	st. Typ	e:		
-	0	97	2/60	<u> </u>	Oct i	019										<u>JET</u>						
1	1		A	Go	verned by State Re	gulation	7.6.2 NMAC			e of In e-Oper	spect		Annual		<b>L</b> Compla		Olevino		ategor	y:		
(;	â		N	MED	<b>Environmental Hea</b>	alth Bure	au		-	ening	-	-	Re-inst				Closing	Time I	- T	m.	46	
1	121 Tijeras Ave. NE, Albuquerque NM 87102							_			Initial C			jation	CAR	Time (	-	17	: 411	ı		
					FOODE	BORNE	ILLNESS	RISK FA	СТО	RS A	ND I	PUE	BLIC	HEAL	TH INTER	RVEN	TIONS	RALE W	On the	16	Indu	
					led compliance status										Mark "X	" in app	ropriate box fo	or COS a	nd/or R			
$\vdash$	IN=	in co	ompliance	•	OUT=not in compliar Compliance		N/O=not obse	rved N/A	=not a	pplicat	ole	_		cos	=corrected on-				R=rep	eat viol	cos	_
	XVIII	611	CHALLES.			rvision	VIETA EN	CONTINUE S	30			1000	11111	A STATE OF			ce Status Contamina	tion	in Section		cos	K
1	IN	ρU	Т		erson in charge pres		onstrates kn	owledge, and			16	in o	UT		Proper dispo	sition o	of returned, p		y serve	ed,		
2	ſŃ	ιου	T N/A	-	erforms duties ertified Food Protect	tion Mana	nger		+	+		4	UT N/A		reconditione			0:				_
	100	in	TO THE		Employ	ee Healt	h	Zisania i				1	UT N/A		Food separa		ces; cleaned orotected	& sanitiz	zea			_
3	ary	DOU	Т	M	anagement, food en	nployee a	nd condition	al employee;					SII)	N. Car	Time/Tempe			Safety	PETER		THE REAL PROPERTY.	Į
4	IN	ου	Т		nowledge, responsib roper use of restricti					+	19	IN C	OUT N/A	NO								
5		ou			rocedures for respor			diarrheal ever	nts				OUT N/A		Proper cooki Proper rehea				ling			
i n		918				loyees	and the					WD.	OUT N/A		Proper coolir				my			
6	4N	λου	T N/A	F	ood Handler Cards						22	de mar	OUT N/A		Proper hot he							
	a.	bu	т ы	- T-	Good Hygie			DESCRIPTION.	-				OUT N/A		Proper cold h							
-	-	DU			roper eating, tasting, o discharge from eve			use	+				OUT N/A		Proper date							_
-				114	Preventing Conta			- Charles			25	سيد	701 1477	110	Time as a Pu		alth Control; p	procedur	es & re	cords		
9	th	bυ	T N/	о н	ands clean & proper						26	IN O	UT N/A	)	Consumer ad			raw/und	lercook	ed		
-	1	h		1	o bare hand contact					$\vdash$	20		ري		foods	100						_
	1		T N/A N/		ternative procedure			-approved							Highly Su	scepti	ble Populati	ons				
11	ĮŃ	þυ	Т	A	dequate handwashin			cessible			27	INDO	UT N/A		Pasteurized t	foods u	sed; prohibit	ed foods	s not of	fered		-
-	66	ου	T			ed Sourc			95			600			od/Color Add							
12	IN	OU	T N/A N/		ood obtained from ap ood received at prop				_	+			UT N/A UT N/A		Food additive	1000						_
14	ĺΝ	DU	T		ood in good condition						29(	114	OT N/A		Toxic substar onformance					ed		
	-		T N/A N/	R	equired records avai						30	(N D)	UT N/A	_	Compliance					1		
_		Diek	factors		estruction mportant practices of	or proceed	uran idantifia	d on the mast		Ш					HACCP				_			_
	F	rev	alent co	ıtribu	ting factors of foodb	orne illnes	ss or injury. I	Public health			No.	of R	isk Fac	tors / li	ntervention Vi	olation	s			0		
	i	nter	ventions	are e	control measures to	prevent fo	oodborne illn	ess or injury.			No.	of R	epeat F	Risk Fa	ctors / Interve	ention \	/iolations		13	0		
				911		W.	USIN SI	GOO	D RET	TAIL	PRAC	CTIC	ES									
					Good Retail Pra		preventative i	measures to co	ontrol th	he add	lition of	path	nogens,	chemic	als, and physic	al objec	ts into foods.					
Ma	rk "	X" in	box if nu	mber	ed item is not in comp	oliance	Mark ">	(" in appropriat			S and/o	or R		COS=	corrected on-s	ite duri	ng inspection		R=repe	at viol		
ide:		CI S		201	Safe Food	t and Wa	tor	= 11 - 11 8	cos	R		-340			Prop	or Hea	of Utensils	10000000			COS F	R
:	31	T	Past	eurize	ed eggs used where		tei				44		In-u	ise utei	nsils: properly							
	32	I			ce from approved so						45				quipment & lin			, dried, 8	& handl	ed		_
-	33		Varia	nce (	obtained for specialize	Marining and a second		ds			46	_	- 1		/single-service							
		T		30	Food Tempe	7					47		Glo	ves us	ed properly	·	ant au 4 W	allac	A. Cale and			
3	34				oling methods used; re control	adequate	e equipment	for				T	Eas	od 2 no			ent and Ven		NE TRUC			
:	35				properly cooked for	hot holdi	ng				48		- 2		n-food contact esigned, cons			,				
_	36		Appr	oved	thawing methods us	ed					49				ing facilities: in			& used:	test st	rips		
3	37		Ther	nome	eters provided & acc						50				contact surfac	es clea	ın					
-	88	-	Ecol	mar.		ntificatio					51	40		10.77			Facilities	II SUB-		MILITARY IN	101	
W.			F000	prop	erly labeled; original Prevention of Fo						52	-			water availab							_
3	9	×	Insec	ts, ro	dents, & animals not		annialivii _		7		53				nstalled; prop waste water							-
-	10	1	1		tion prevented during		paration, stor	age & display			54	$\rightarrow$			ities: properly			ed, & cle	eaned			
_	11	-			cleanliness						55	_	Gar	bage 8	refuse prope	erly disp	oosed; faciliti	es main				
-	3				oths: properly used &	stored			-		56 57	-			cilities installe						1	_
	_		vvas	nig t	ruits & vegetables	/					57		Ade	quate	ventilation & I	ighting;	designated	areas us	sed			
-	Reinspection: Yes No Date: No. of Good Retail Practices Violations																					
Co			e Actio	Y	es No No	Date:				$\exists 1$	No.	of Pa	enest C	and P	etail Practices	s Violat	ions			7	-	-
	R	esp	onse:	A							.40.	J. 176	opeat C	Jood R	Clair Fractices	- VIUIAL	ions.		1	9		
											_								Eu T			
St	atı	18.	(check one		pproved Unsat	isfactory	Immedia		ntary		Pers	on i	n Char	rge: (S	ignature)	7	-	5			1 1	_
-			UNIOUN ONE		- Onsat		Closur		sure		Insp	ecto	or: (Sigi	nature)	10	-	-		Date:	4	411	6
																				1	111	1

		E.	ood Estab	lichmont lr	spection Re	unart -	5 ~
	As Governed by State F NMED Environment He	Regulation 7.6.2 alth Bureau	2 NMAC	Establishment weste	Permit #:		
2000	121 Tijeras Ave NE, Alb	uquerque NW 8					002/60
	Item/Location	Temp		ATURE OBSE	Temp	Item/Location	Temp
Beef	}	137°F					
Bear	5	141°F					
Ht	H-104	168.€					
	The state of the s			**			
			-			ATT AND THE RESIDENCE	
					ECTIVE ACTION	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
Item	Violations cited	in this report mu	ust be corrected	within the time fra	mes below, or as sta	ted in section 8-405.11 of t	the Food Code.
Number							
39	6501.112	- 610	he tran	, had	4 mice	or it. Gla ter closet.	0
	10		145 /20	711	the 15	te classif	<u></u>
	1		C E	2 0 0	TJ CT	(1 1	
	0.	min à	Took T	1 Corre	Sile	e Give fro	1 p
	Wis	cemai	rel and	Expland	with a	Acwtory,	
	Note.	Birds	· Somet	lines fly	of the	- doing a	cea. A
	Sta.	ff get	t then	out	95 5001	as poss:6	6 and
	wise	1	o Gar		they 1		Cx To
	M:	10 4	410	I l	1. 7 16	Gugh the c	
	100	· lenc	1 The	TECH	m Fru	weigh True C	valor, 1
	Co	set, A	t Cryt	rait w	al PDI	will be p	POVINES.
							<u> </u>
*							
					4 0497 HILL	- 7	
Person in C	Charge: (Printed)	anche	2	Person In Cha	rge: (Signature)		
Inspector: (	(Printed)	64 00 /	1000	Inspector: (Sig	gnature) /2		Date: 4/4/19

## Page 5 of 6

Warden: Leon Martinez

## Deputy Warden Leon Martinez

## **SECTION 1: GENERAL INFORMATION**

Submitted By: Arthur Sanchez FSSO Officer, Physical Plant Manager Almanza C. Facility: WNMCF

Date of Inspection:

Grants NM

Area or Department: Maintenance WNMCF

EID: Corrective Action Plan Form

## SECTION 2: CORRECTIVE ACTION PLAN

4/4/19 N/A	 	 					
FSSO Sanchez A.  FSSO Sanchez checked on area and the trap was removed and placed with new one by Summit Supervisor Miss H.						2	6501.11
FSSO Sanchez checked on area and the trap was removed and placed with new one by Summit Supervisor Miss H.				occurance in this area.	mice deceased, repeat	water closet with caught	Glue trap in B-Dining in
(ed on 4/4/19 N/A with							FSSO Sanchez A.
N/A			Supervisor Miss H.	new one by Summit	removed and placed with	area and the trap was	FSSO Sanchez checked on
							4/4/19
4/4/19							N/A
			 				4/4/19